



A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts

<http://ovha.vermont.gov/for-providers>

Volume 8

November 2007

To submit questions or suggest topics send an email to: OVHA-PH@ahs.state.vt.us

January 1, 2008, marks the beginning of the third year of Part D drug coverage. There are changes in the coverage and premiums of Part D Plan offerings so it is expected that some beneficiaries will be changing plans. Contained in this bulletin are some resources to make this year's transition as easy as possible:

Medicare/Medicaid Eligibles Without a Part D Plan

There are some Part D plans that will not be offered in 2008. Please remember that if a beneficiary has lost coverage and has not chosen a new plan for 2008, a maximum 31-day supply of his or her medication(s) may be billed through **Wellpoint**.

The **Point-of-Sale Facilitated Enrollment Process (POS FE)** through **Wellpoint** may be used if MedMetrics messaging indicates that you should bill a PDP first, but no PDP is identified by E1 or the beneficiary. This applies to Medicaid/Medicare full-benefit dual-eligible beneficiaries and some VPharm beneficiaries who do not have a PDP. To speak to a representative at Wellpoint, please call 1-800-662-0210 (Press "0" twice).

Facilitated Enrollment Billing Information (*note that the BIN and PCN listed below are specific to POS FE, and differ from the regular Wellpoint BIN and PCN*): **Part D Plan:** Wellpoint **Bin:** 610575 **PCN:** CMSDUAL01
ID #: Medicare HIC # **Group #:** Social Security #

IMPORTANT: If a beneficiary says that he or she has chosen a new PDP, and no billing information is being provided through the E-1 process, **Wellpoint should not be used**. Processing a claim through WellPoint triggers an overriding auto-enrollment into a PDP. The plan that the beneficiary has enrolled in should be contacted.

2008 Part D Copays for Medicaid/Medicare Full-Benefit, Dual Eligible Beneficiaries

Effective January 1, 2008, Part D copayments for Medicare/Medicaid full-benefit, dual-eligible beneficiaries will be increasing. The maximum copayment for these members will be \$5.60.

Part D Copayments for VPharm Beneficiaries

There have been instances when VPharm beneficiaries have been charged incorrectly for Part D copayments and coinsurance because pharmacies did not submit secondary claims to OVHA. Pharmacies may be confusing VPharm coverage (which covers partial or full cost-sharing) with the coverage of Medicare/Medicaid full-benefit dual-eligible beneficiaries, who are responsible for paying copayments.

- An easy way to determine whether a beneficiary has VPharm is to ask whether he or she pays a premium to the State of Vermont. If the beneficiary does pay a premium, then he or she probably has VPharm coverage. If this is the case, then OVHA may cover the member's cost-sharing.
- However, because people move between our programs, we suggest that you **split bill all claims** for beneficiaries who have both Part D plans and state coverage (so that we receive these claims on a secondary basis) to ensure that members receive their full benefit.



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Beneficiary Enrollment Assistance

If a beneficiary needs assistance understanding his or her Part D Plan options, counselors at the State Health Insurance Assistance Program (SHIP) are available at (800) 642-5119.

2008 Part D Prescription Drug Plans With No Extra Cost

We realize that some pharmacies assist their customers in choosing the most appropriate and affordable Part D Plan. If you are helping a person who is a Medicare/Medicaid full-benefit dual-eligible beneficiary or a VPharm beneficiary, you should be aware that the following plans will result in no portion of the premium being charged to the beneficiaries.

Organization And Contract ID	Plan Name And ID	Phone # for Enrollment
Aetna Medicare - S5810	Aetna Medicare Rx Essentials - 036	(800) 213-4599
First Health Part D - S5768	First Health Premier - 038	(800) 588-3322
Health Net - S5678	Health Net Orange Option 1 - 004	(800) 606-3604
HealthSpring Prescription Drug Plan - S5932	HealthSpring Prescription Drug Plan – Reg 2 - 003	(888) 802-2415
Humana Insurance Co. - S5884	Humana PDP Standard - 061	(800) 706-0872
Medco Medicare Prescription Plan - S5660	Medco Medicare Prescription Value - 105	(800) 758-3605
MEMBERHEALTH - S5803	Community Care Rx Basic - 071	(866) 684-5353
Pennsylvania Life Insurance Co. - S5597	Prescription Pathway Bronze – Reg 2 - 068	(800) 978-9500
RxAmerica – S5644	Advantage Star Plan – 068	(877) 279-0370
SilverScript – S5601	SilverScript – 004	(866) 552-6106
Unicare – S5960	MedicareRx Rewards Value – 002	(888) 949-5384
Unicare – S5960	MedicareRx Rewards Standard - 108	(866) 892-5334
WellCare – S5967	WellCare Classic – 139	(888) 423-5252